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Applicant advises the Commissioner to access Applicant Agent's **Deposit Account No. 08-3255** in the amount of \$920.00 U.S the fee required for filing the three month extension of time for a large entity. If there is any deficiency or surplusage of the required for the Extension of Time (fee), please obtain any such deficiency or credit the surplusage to Deposit Account 08-3255 and advise Applicants' Agent.

IN THE ABSTRACT

No changes.

IN THE DISCLOSURE

No changes.

IN THE CLAIMS

Please amend the claims as follows.

1. (Amended) A pharmaceutical composition [in the form of an emulsion preconcentrate] comprising an emulsion preconcentrate including a cyclosporin dissolved in a solvent system comprising substantially fully acetylated monoglycerides having a minimum acetylation of 96%, a hydrophilic organic solvent and [a] at least two surfactants.

15. (Amended) A pharmaceutical composition [in the form of an emulsion preconcentrate] comprising a micro emulsion preconcentrate having a droplet size of substantially less than 2000 A, including a cyclosporin dissolved in an acetylated mono-glyceride lipophilic solvent, and a surfactant.

16. (Amended) The composition of claim 1 [or 15] in the form of a microemulsion preconcentrate.